

## REPORTING AUTOMOBILE ACCIDENTS

The State has instituted an auto liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the State while operating a state-owned vehicle upon official business.

All automobile accidents which in any way involve personal injury or property damage to others must be reported within 48 hours on Report of Vehicle Accident form STD. 270 in quadruplicate. The completed report must be signed by the operator and approved by persons authorized to do so.

Accidents resulting in any injury to persons other than employees, or involving **serious damage to the property** of others, must be reported immediately by telephone to the Office of Risk and Insurance Management.

## DO NOT DISCUSS ACCIDENT WITH ANYONE

## EXCEPT:

- a. Investigating Traffic Officers
- b. Your Superiors
- c. Authorized State Officers
- d. State's Insurance Adjustors

Subsequent to any accident involving a state vehicle, all communications, forms, including Summons and Complaint, must be forwarded to the Department of General Services, Office of Risk and Insurance Management, Sacramento. Transmittal letter should include date and place of service together with any other pertinent information, including name of person or agency served and date of service.

COMPLETE ENTRIES ON ACCIDENT IDENTIFICATION CARD — DETACH AND GIVE TO OTHER DRIVER

ACCIDENT DATA			
HOUR	DATE	CITY	COUNTY
A.M. P.M.			
LOCATION (Address, Intersection, etc.)		DISTANCE FROM CURB FEET	APPROXIMATE ROAD WIDTH FEET
INVESTIGATED BY		REPORT NUMBER (if Available)	
CITY OF			
<input type="checkbox"/> POLICE DEPT.			
SHERIFF'S DEPT. COUNTY OF			
CITY			
<input type="checkbox"/> CHP			
NAME AND LOCATION			
<input type="checkbox"/> OTHER			
VEHICLE OCCUPANTS OTHER VEHICLE			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
STATE VEHICLE			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	

## ACCIDENT IDENTIFICATION

STD. 269 (Rev. 7/92)

## IMPORTANT

Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

DEPARTMENT EMPLOYED BY

DATE AND LOCATION OF ACCIDENT

YEAR AND MAKE OF STATE VEHICLE

LICENSE NUMBER OF STATE VEHICLE

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO

OFFICE OF RISK AND INSURANCE MANAGEMENT  
DEPARTMENT OF GENERAL SERVICES  
1325 J STREET, SUITE 1800  
SACRAMENTO, CA 95814 (916)322-0459